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### ART. I.—CONTRIBUTIONS TO THORACIC PATHOLOGY.

BY G. W. BOERSTLER, M. D., OF LANCASTER, OHIO.

*Lancaster, June 3, 1840.*

I was requested a few months ago, by Doct. Har, a very intelligent young practitioner, to visit Mr. Locker, more on account of some "anomalous symptoms" than the apparent illness of the man. Locker, aged 27, strong and athletic, never having been sick, whilst engaged in the vocation of clearing his farm, was suddenly seized with violent pain in his left side—he retired to his "log cabin," and in a few moments so violent a fit of suffocation came on as to threaten rapid extinction of life. Doct. Har was sent for, and described to me the patient's state as follows:—great and alarming dyspnœa—skin cold and shriveled—profuse leakage from the surface, with a circulation slow but almost imperceptible. The exhibition of stimulants internally and externally alleviated the danger for the time. The next day the Doctor found the left chest dull on percussion, and heard distinctly the dropping of liquid upon change of position. Locker informed the Doctor that when seized in his field he heard something crack in his chest, and then felt the trickling of fluid. On my visit four days after his seizure, we found the integuments over the anterior surface of the left chest œdematous, extending to the neck—the veins of the skin full and turgid—left side one inch larger than right—intercostal spaces not obliterated—percussion dull over left chest throughout the infra-mammary region, anterior, lateral and posterior—upper portion clear and strongly manifesting the existence of air—the line of demarcation between the difference of resonance most clearly defined by the nipple. On changing the patient to the left side the fluid was distinctly heard by all in the room, indeed it could be heard four feet from the bed, giving precisely the sound of water poured out of a bottle—heart occupying the right cavity immediately under the mamma—its contractions undisturbed—first and second sounds clearly heard. The left lung above the mamma giving the morbidly clear sound of pneumothorax—vesicular murmur in this portion audible—bronchial râle absent. In all the region below the mamma nullity of respiration—cough and voice slightly metallic. Right chest—clavicular region—bronchial râle—vesicular murmur distinct—respiration somewhat puerile: infra-mammary region, vesicular murmur very inaudible—slight sibilant sound. Here we have all the physical signs of a triple lesion—the pneumothorax unequivocal and the effusion palpable—yet this man had no premonitions of disease—up to the morning of the attack he was in good health, and then only complained of a feeling of weakness until his seizure in the afternoon.

The treatment instituted and continued was hydragogue cathartics—strict

diet and perfect quietude—the metal with squills was finally given until his gums were touched; in four weeks he recovered—the heart is in situ—lungs resonant, and health perfect. I full well know that recovery from pneumothorax with empyema is questioned, and the chances are infinitely against it; but this case would show the possibility.

G. W. BOERSTLER.

## ART. II.—NOTES ON THE EFFECTS OF IODINE, AS A REMEDY FOR CUTANEOUS ERUPTIONS.

BY DR. KENNEDY, OF ASHBY DE-LA-ZOUCH.<sup>1</sup>

In many cases, most of them old both in standing and treatment, I have found the iodine a most efficacious remedy for those disorders of the excretory system which affect the skin, especially the vesicular and pustulous kinds. Such being my experience, I feel desirous of having the practice tested under the observation of others, with a view to its being rendered more extensively useful.

Sometimes, in mild cases and untainted constitutions, the iodine may be used internally without assistance; but, on all occasions, its external application requires to be accompanied by a course of medicines capable of acting on the skin, bowels, and kidneys, so as to improve their functions by its salutary effects.

As the nosology of these diseases must be familiarly known, it will be sufficient here to denote in a simple enumeration such of them as have yielded to the iodine under my instructions. These, then, in Dr. Good's nomenclature, are—

*Exormia lichen*.—For such of the lichenous rashes as prevail in this climate, the iodine should be exhibited internally with alteratives; and externally, in a tepid or warm solution.

*Ex. prurigo*.—For the pruriginous rashes, the external iodinated applications should possess considerable energy, and be often applied; with the internal remedies, a proportion of henbane, hemlock, or other anodyne, may be combined.

*Lepidosis pityriasis*.—For the dandriffs and branny scales, the iodinated lotions must be regulated in strength according to the patient's age: the solution of magnesia, with carminatives, will conduce to their efficiency.

*Lep. psoriasis*.—The dry scales require frequent ablutions with the remedy in a vigorous form, and its powers may be assisted by a general warm bath in saline mineral water, artificially strengthened with an iodinated impregnation.

*Ecphlysis pompholyx*.—The waterblebs, particularly when large, yield more readily when friction and generous tonics accompany the topical applications.

*Ecph. herpes*.—For shingles, ringworm, and the tettery vesicles, the iodine, both in solution and ointment, applied actively, will be materially assisted by the occasional interchange of poultices and emollient embrocations, for the removal of crusts.

*Ecph. rhypia*.—Blains are best prevented from degenerating into sordid or gangrenous ulcers by frequent gentle excitement of the parts with iodine, and this must be carefully supported by an energetic constitutional treatment.

*Ecph. eczema*.—Heat-spots, with their clustering vesicles, resist the iodine less obstinately when it is attended by a course of cooling alteratives, and a weekly warm bath in mineral water, wherein the chlorides predominate.

<sup>1</sup> Lond. Med. Gaz., May 8, 1840, p. 260.

*Ecpyesis impetigo*.—All the running scalls have yielded to the iodinated treatment, and this proves most successful when the external applications are very frequent, but so modified as to stimulate the pustules without inducing excessive irritation; in these affections, the constitutional alterants should be as energetic as the system will admit.

*Ecpy. porrigo*.—The various scabby scalls require the strongest topical applications of iodine freely and assiduously repeated, with such a systematic internal use of the medicine as to promote its diffusion through the circulating fluids; for ascertaining this effect, the urine may be submitted to suitable tests.

*Ecpy. ecthyma*.—For the papulous scalls, the local applications must be adapted to the irritability of the system; but the iodine may be administered in free combination with tonic alteratives, so as to purify and invigorate the constitution.

*Ecpy. scabies*.—For the itches, in all their filthy forms, the iodine will be found an active and almost certain specific; it kills the parasite which originates the disease: the milder cases will yield to an iodinated lotion frequently applied, at the temperature most agreeable to the patient's feelings.

*Malis, the cutaneous "invermination."*—For the most troublesome kind of pedicular disease, the undiluted tincture of iodine constitutes a powerful and certain, but not disagreeable remedy; it should be continued for some time after the animalcules have disappeared, so as to insure the destruction of their eggs.

Four forms of iodinated medicine—Tinctura Iodinii Composita, Unguentum iodinii compositum, potassii iodidum, and liquor potassii compositus—were employed in treating the cutaneous affections here specified; the two former, as external applications; the two latter, internally as alteratives. The tincture may be applied to the worst parts in succession, in a concentrated or diluted state, by anointing them with it on a feather or hair pencil thrice in the day, or oftener, as indicated; and at bed-time they should be carefully smeared with the ointment, its proportion being regulated by their tenderness and extent. In the morning there will be advantage in gently washing them with tepid water and soap, before penciling them with the tincture; and at night, about twice in the week, they may be covered over the ointment, with a common emollient poultice; this removes the incrustations on their becoming firm, and soothes the sores when they happen to be congested and painful.

For an alterative medicine, the iodide of potassium or its compound solution may be administered twice in the day, in a bitter or other vehicle, with the aperients always at night. With these, the disulphate of quina or some preparation of iron, and occasionally, though seldom, the blue pill or calomel, with ipecacuan or other diaphoretic, may be exhibited in different combinations. At this place, and without impropriety, the question may be raised as regards the properties and effects here ascribed to iodinated medicine; may they not belong more properly to the other active remedies simultaneously administered? Without the iodine, however, these do not prove equally efficient; and, moreover, their results are uncertain, generally imperfect, often unprofitable, even when associated with the usual topical applications.

There is this advantage in the exhibition of iodine for the before-mentioned diseases, that, when the constitution remains sound or little impaired, with the alimentary system healthy, a free external application of the medicine will effect a cure, without assistance from other remedies. Although injurious effects have sometimes, though not often, supervened during the administration of iodine, yet, on such occasions, the inconvenience or suffering should rather be ascribed to an indiscriminate use of the drug, and to the neglect of guarding patients from the liabilities of peculiar constitutions. Iodinated medicines have been liberally prescribed by me, in hundreds of cases; nevertheless, not more than one instance of unfavourable symptoms

has occurred, and these happened to a young hysterical female while being treated for a bronchocele or "full neck." She was naturally endowed with much irritability of the nervous system; and this, by her mismanagement of the remedies, was rendered the source of distressing muscular jerks in the head, face, and extremities.

Except on very delicate surfaces, or where the skin is abraded, the iodine excites only a transient smarting, and this very seldom becomes severe: should the pain grow intense, as a casual exception, the parts should be carefully fomented with warm water, which will mitigate the symptoms, by diluting or partially removing the medicine. Usually the iodine produces dry scales or crusts, without corrosion of textures. On inspecting the parts subjected to its action, the observer will perceive, with the assistance of his microscope, the impossibility of their being able to propagate the disease by contagion. If their morbid state is caused by a palpable substance, this will be destroyed; if it is an impalpable essence, its evolution will be counteracted by the topical iodinated applications.

When ringworm, the scalls, and other "outbreaks" on the head, are being treated, the hair should be constantly kept as short as possible, by cutting it frequently with thin bladed scissors: in many respects, this method is preferable to that of shaving the parts with a razor. Hair and organic textures get a yellow tinge from the action of iodine; but after its discontinuance, they soon and completely recover their natural colour.

There is good reason, from extensive observation and analogy, for concluding that, under suitable modifications, the iodine will prove an effectual remedy for nearly all the cutaneous disorders, particularly those which derive their local source and support from animalcular depredations. At the same time, every attention is essentially requisite, that proper internal appliances be instituted, with the twofold object of preventing a recession of the superficial malady to a deep-seated structure, and of sustaining the functions of vital organs in a state of vigorous activity.

Without adducing evidence in support of the statement, on the present occasion, my belief is, that most of the vesicular and pustulous eruptions on the skin, are produced and propagated by the "invermination" and incubation of animalcules, derived from the atmosphere and disseminated by contagion. My suggestion is, that patience and attentive observation be exercised in endeavouring, with iodinated medicine, to secure the extirpation of these parasites and their eggs from their burrows in the cutaneous structure; and my hope is, that, at no distant period, these detestable intruders will be detected by the ingenuity and perseverance of pathologists experienced in the processes of microscopical investigation.

### ART. III.—EXSTROPHY OF THE BLADDER.

BY JOSEPH CURTIS.<sup>1</sup>

[The following case of monstrosity by defect is exactly like the two cases referred to in the first volume of the "Intelligencer," which are still in Philadelphia. We are persuaded that the malformation is of more frequent occurrence than is generally imagined. All the cases, it will be observed, are strikingly alike. Mr. Curtis is evidently not aware, that the case he has described is one of Exstrophy of the Bladder, for he has entitled it "Congenital deficiency of the urinary bladder; partial nonclosure of the linea alba; with epispadias."—Ed.]

Sir—Seeing in the *Lancet* of last week the account of a case of congenital

<sup>1</sup> London *Lancet*, May 9, 1840, p. 230.

deficiency of the urinary bladder, I am induced to send you the following statement of a similar defect:—

January 27, 1840, Mr. Welchman, my assistant, attended a young woman during her confinement with her first child. The infant appeared healthy, but at the lower part of the abdomen was a tumour, which presented an irregular lobulated appearance; it was covered with a mucous membrane, and near its centre were two depressions, from which the urine oozed. These were probably the mouths of the ureters. The penis was at first somewhat longer than usual, but has since, as well as the tumour, much diminished in size. The corpus cavernosum and glans penis are well formed, but there is no prepuce. Along the dorsum of the organ is a groove having the appearance of the urethra, slit open, and extending the whole length of the penis, but there is no meatus. The scrotum and testicles are natural. The child appeared from irritation to waste for the first month, but by attention has recovered, and is now doing well.

JOSEPH CURTIS.

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### BIBLIOGRAPHICAL NOTICES.

#### *Paine's Medical and Physiological Commentaries.*<sup>1</sup>

In the present period of stagnation of literature—not medical only, but general—it is consolatory to see any one have the hardihood to publish two handsome and extensive volumes like those before us. The circumstance exhibits, on the part of the author and the publishers, a confidence, which we hope will not be disappointed, and which we can confidently say, after a perusal of several portions of the interesting contents of the volumes—ought not to be so.

The work consists of a series of essays respectively entitled, 1. The vital powers; 2. Philosophy of the operation of loss of blood; 3. The humoral pathology:—these constitute the first volume. The second is composed of six essays. 1. Philosophy of animal heat; 2. Philosophy of digestion; 3. Theories of inflammation; 4. Philosophy of venous congestion; 5. Comparative merits of the Hippocratic and anatomical schools; and 6. On the principal writings of P. Ch. A. Louis, M. D.

It may be said, that many of these subjects are not of a *practical* nature; and to those who regard the mere pouring of drugs, of which they know little, into a body of which they perhaps know less, this may be the fact. We trust, however, that at the present day, there are few such. Some there are, who doubt the utility of pathology, laugh at auscultation and percussion, and consider that no improvements have occurred in medicine of late years—because they have not instituted, or are ignorant of them. Such persons, likewise, may regard the dissertations before us as of but little value; but to the large mass of physicians of the day, who are anxious to improve their profession in the only way in which it can be legitimately and signally improved—that is by a proper attention to physiological, pathological and therapeutical principles, we can recommend them as essays replete with information, the perusal of which cannot fail to expand the mind and

<sup>1</sup> *Medical and Physiological Commentaries.* By Martyn Paine, M. D., A. M. In two volumes, pp. 716. 815. New York, 1840.

to lead to trains of thought pregnant with benefit to the professional reader himself, and, through him, to the community.

On many of the subjects, our views are by no means in accordance with those of Dr. Paine, but his essays have not been the less welcome on that account. He is liberal, well read; argumentative and candid; and his volumes exhibit, that his attention has not been directed merely to medical lore; but that his literary qualifications are ample also.

In his preface, the author remarks, "it may be thought that our articles on the philosophy of the operation of blood-letting, the pathology of venous congestion, and the humoral pathology, are too much extended. But as the two first of these subjects have received no attention from authors, we felt it necessary to illustrate our doctrines by a wide range of observation."

Surely, the intelligent author does not mean to convey the idea, that he is the first to treat of "the philosophy of the operation of blood-letting." We admit, that *ex professo* essays on the subject are rare; yet we had fancied, that we ourselves had added an humble contribution on this subject some years ago, and in a volume, which the author has done us the honour to cite, but which—as respects this topic—has not attracted his attention, (General Therapeutics, p. 396 to 428.) There are likewise other essays to which we could refer him.

Certain of the author's opinions we shall doubtless have occasion to advert to hereafter: in the meantime, we advise all to peruse the work for themselves, which contains a vast fund of information agreeably conveyed.

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*Marshall on Enlisting, by Ruschenberger.*

This interesting work, which is now in course of reprinting in the "Library," is from one of the most experienced of the medical officers in the service of Great Britain, in which he holds a distinguished rank. Prefatory notes will be added by one of the best informed and experienced officers of our own navy—Dr. Ruschenberger—whose additions to the literature of his country are doubtless familiar to our readers, and whose attention has necessarily been much directed to whatever concerns the medical department of the service of which he is one of the ablest supports.

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MISCELLANEOUS NOTICES.

*New Medical Journal in Boston.*—We see, by advertisement, that it is proposed to issue, early this summer, the first number of a monthly journal to be entitled "The New England Journal of Practical Medicine and Surgery." It will consist, as usual, of original articles, critical notices, selected articles, and general intelligence; and it is contemplated, as far as possible, to render available to the profession, through its columns, "the valuable information that may be obtained from the various public institutions in this city (Boston) and vicinity."

The editors are H. G. Wiley, M. D.; and B. E. Cotting, M. D., "who have been promised the co-operation and assistance of many of the leading physicians and surgeons in the city."

We wish this new adventurer in the field of science every success.

*On the use of the essential oil of turpentine in the treatment of iritis.*  
—By John Foote, Jun. Esq.<sup>1</sup>—Mr. Foote believes that turpentine acts, in these cases, by inducing irritation in the mucous membrane of the intestinal and urinary canals. He quotes and approves of Mr. Carmichael's formula for its administration.

℞. Olei terebinthinæ rectificati ℥j. vitellum unius ovi; tere simul, et adde gradatim emulsionis amygdalarum ℥iv., syrupi corticis aurantii ℥ij., spiritus lavandulæ compositi ℥iss., olei cinnamomi guttas tres vel quatuor. Misce; sumat cochlearia larga duo ter de die.

In a few cases it has been necessary to increase the quantity of turpentine to an ounce and a half or two ounces in the above mixture, the other ingredients being proportionally diminished, so that a dram and a half or two drams of it may be taken each time; but, in general, when administered to the extent directed in this formula, it has very seldom indeed failed, though extensively tried, and in very urgent cases.

Mr. Foote relates five cases, all of which occurred at the Westminster Ophthalmic Hospital. They tell, more or less, in favour of the medicine. Perhaps the case we shall introduce is as strong that way as any.

CASE.—Wm Chalfont, ætat. 18, admitted July 21, 1829, with syphilitic iritis of the eye. He reports himself to have had sores on the penis some time since. He has now a copper coloured eruption (the lichen syphilitica) very plentifully on the back and arms, accompanied with nocturnal pains in his shin bones. He has not had a sore throat, nor has he taken mercury. His eye has been inflamed for three days, and he suffers severe circum-orbital pain, especially at the lower part: vision is also considerably impaired. The iris is much changed in colour, and is immovable: pupil regular: conjunctiva inflamed: and the vessels of the sclerotic are of a pink colour, and very numerous round the margin of the cornea, forming a beautiful zone, with a white inner circle immediately surrounding the cornea.

℞. Olei terebinthinæ drachmam: capiat æger ter in die.

22d. Has taken his medicine regularly: makes water more frequently, but without any pain: urine high coloured. He suffered much pain in the eye last night, from which he is now quite free. The iris is not so much discoloured, but the vascularity of the conjunctiva and sclerotica is just the same as yesterday. Says the medicine makes him feel sick. Continue.

23d. The circum-orbital pain is as severe as ever, but the inflammation is lessened and vision is improved. He complains of great pain in the glans penis during micturition: urine bloody and turbid. Pergat. Habeat infusum lini ad libitum.

24th. Pain round the eye not diminished: the iris is becoming irregular, and more changed in colour, with small globules of lymph adhering to its surface. He has frequent calls to empty the bladder: urine bloody on voiding it. He suffers extreme pain in the hypogastric region, extending also along the urethra to the glans penis. Let him be cupped to ten ounces from the temple, and continue his medicine.

25th. Would not be cupped, and did not take his medicine yesterday: he sees better, and does not complain of any pain: the vascularity is not so great: the strangury continues severe. Pergat in usu olei terebinthinæ et infusi lini.

<sup>1</sup> Transactions of Med. Bot. Soc. of London, and Medico-Chirurgical Review, April, 1840, p. 487.

28th. Had a purgative on the 26th. Has not taken the turpentine regularly since the last report: he has not any pain in the eye, and vision is quite restored. The urinary organs continue highly irritated: the eruption is paler. *Instilletur gutta solutionis belladonna. Habeat pulveris jalapæ compositi drachmam.*

30th. The strangury is lessened: the eye continues free from pain, but the vascularity is not removed: the iris has nearly regained its colour, but is irregular. Let him re-commence the turpentine.

The terebinthina was used for a short time with decided advantage; he again omitted it too soon, and was obliged to resume it. When discharged, the redness had disappeared, the iris had regained its natural colour, and the pupil was regular.

We conceive there can be no doubt that, in ordinary cases of iritis, calomel and opium are the best remedies. But in certain instances their use may be precluded by constitutional peculiarity, or by cachexia, and the knowledge of another remedy, inferior though it may be, is useful. Turpentine appears to be such a medicine. Not comparable, under common circumstances, with mercury, it is still possessed of some degree of efficacy, and may at times be given with advantage.

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*Prosecution of a patient by her doctor in France.*—The following curious case affecting doctors was recently decided by the court of cassation, the highest judicial tribunal, we believe, in France. It appears that Professor Mojon of Geneva had in 1833 engaged to give his professional services to the *Baroness Feucheres* and her household, during his entire life, on the express condition that she agreed to assure *à perpétuité* to him, his children, and their descendants in a direct line, an annual sum of 10,000 francs—with the permission to her of at any time annulling it by a payment of 200,000 francs at once.

M. Mojon had in consequence been induced to quit Geneva, and to take up his residence at Paris. The parties continued to fulfil their mutual engagements up to 1837, at which period the *Baroness*, without assigning any reasons, thought proper to break with the doctor.

He cited her forthwith before the *Tribunal de Première Instance*, who at once decided in his favour. The Baroness thereupon appealed to the *Cour Royale de Paris* against this judgment; but again she failed; not only the judgment of the lower court being confirmed, but all expenses being allowed to Dr. M.

The lady, however, was resolved to try the chance of law once more. So she carried the case before the highest tribunal, in the hope of obtaining the *cassation* or reversal of the verdict. The grounds of this appeal were that the engagement, into which Dr. Mojon had entered, involved a violation of the 1131, 1133, and 1780 articles of the civil code, in which it is expressly laid down, "it is forbidden to any one to contract an obligation by which his independence and liberty are alienated."

The Advocate General, who was employed by Dr. M. as his counsel, very ably argued that such a prohibition could not possibly be shown to extend to such an agreement as that which had been entered into between his client and the defendant. The article 1780, which forbids any one to engage their services for life, is applicable only to workmen and domestics, and certainly not to the members of so honourable a profession as that of medicine.

Again, the article 1781, which lays down the obligations of a *master* in reference to the payment of wages or salary, cannot surely be made to embrace the claims of a physician or surgeon for their professional services: for how can any one, who employs a medical man, be said to be his *master*?

<sup>1</sup> Gazette Médicale, and Medico-Chirurgical Review, April, 1840, p. 523.

For these and many other similar reasons, the appeal of the Baroness was again rejected; the contract between her and Dr. M. was confirmed; and she was condemned to pay all expenses.

We have heard that the Baroness has subsequently summoned Professor Mejon *pour lui donner les soins assidus qu'exige l'état de sa santé*.

*M. Gendrin's Theory of Menstruation.*<sup>1</sup>—The following extract, from the recent systematic work on Practical Medicine, by M. Gendrin, will explain his views as to the cause or nature of the menstrual function.

"The observations, which we have presented to our reader's attention, necessarily lead us to modify very essentially the hitherto received opinions on the subject of generation in women. They tend to establish that, during the whole of that period of life when the capability of conception continues, there is a constantly successive development of vesicles and ovula in the ovaries—that, at each epoch of menstruation, a vesicle having reached the surface of the ovary becomes the seat or focus of a peculiar organic action, in which all the organs of generation partake—and that the result of this action is the rupture of the vesicle and the loss of the non-fecundated ovum, either by ovarian destruction or by uterine expulsion.

"The recent observations by *Valentin*—according so well with, and therefore confirming, our deductions drawn from physiological considerations—have shown that the Graafian vesicles contain or inclose an ovulum, in which are found all the essential parts of a human ovum.

"As we find at the same time in the ovarium vesicles in various degrees of development, we cannot well doubt that they exist there only during a limited time or period, from their origin to their spontaneous rupture, which takes place whenever their increase and that of the ovulum are completed. This rupture takes place regularly, at stated intervals, by an organic action, one result of which is the menstrual secretion."

Dr. *Negrier*, professor of midwifery in the medical school at Angers, has written, we observe, a letter to one of the French periodicals, in which he claims the priority of authorship in respect to the preceding views on menstruation. His words are:—

"The researches of M. Gendrin have led him to believe that the menstrual flux is the result of a periodic and regularly recurring congestion, which takes place every month in the ovaries.

"This doctrine I have taught in my lectures ever since the year 1830, and I have repeatedly shown to my pupils the successive evolutions of the ovarian vesicles from their earliest development to their final rupture, as well as the condition of the uterus at its different phases."

*On Arsenic in the bones of the human body.*<sup>2</sup>—M. Orfila recently submitted the results of some researches on the above subject to the Royal Academy.

The following is the method by which he has succeeded in detecting the presence of a minute portion of arsenic in human bones, in a natural state.

The bones are to be first calcined, but not by too high a heat, and they are to be carefully preserved from any contact with the fuel employed. The pulverised mass, being previously sifted, is to be treated with *purified* sulphuric acid; the mixture is then to be introduced into Marsh's apparatus. Spots or stains of arsenic, having a brown colour, and a metallic brilliancy, will soon be perceived on the sides of the vessel.

M. Orfila has succeeded in detecting minute portions of arsenic in the bones, not only of the human adult, but also of the sheep, ox, and horse.

<sup>1</sup> Gazette Médicale, and Medico-Chirurgical Review, April, 1840, p. 515.

<sup>2</sup> London Medico-Chirurgical Review, April, 1840, p. 542.

Hitherto he has never discovered any traces of its existence in any of the soft parts of the animal body.

He seems, however, to believe that there may probably be a very small portion in muscular substance, although hitherto he has quite failed in detecting its traces. Some of the appearances, however, observed during its slow distillation have been not unlike to those which are known to proceed from the presence of arsenic.

*On incontinence of urine in children.*<sup>1</sup>—*Treatment.*—The late Baron Dupuytren, and also MM. Baudelocque and Guersent have recommended the use of cold shower-bathing as one of the most effectual remedies against this most annoying and frequently most obstinate complaint.

M. Lallemand, of Montpellier, has great confidence in aromatic bitters to which a small portion of brandy has been added, followed by active friction of the loins.

Underwood recommended the use of sea-bathing, of dry cupping, of blisters on the sacrum, and of electricity.

As internal medicines, the Spanish fly and the nux vomica have been unquestionably the most efficacious. The preparation of the latter, which has been most successfully used, is the extract in doses of from half a grain to four grains in the course of the day. The following two cases may be read with interest.

CASE I.—A girl, 12 years of age, had been affected from her infancy with incontinence of urine, her general health being unaffected all the time. It would seem that no remedial means had ever been tried.

Dr. Ramaugé, who accidentally saw the girl at a house where he was visiting, recommended her to take one of the following pills, along with a wine glassful of infusion of quassia, three times a day :—

℞. Extracti nucis vomicæ gr. viii.  
Oxydi ferri nigri ʒi.  
Pulv. quassia ʒi.  
Syrupi absinthii q. s.

In pilulas xlvij. divide.

A tonic nourishing diet was ordered, and also a glassful of wine two or three times a day. By persevering in this course for a month, the patient was quite relieved from her distressing malady.

The treatment was, however, continued for another month; and at the date of the report there had been no return of the complaint for upwards of a year.

CASE II.—A boy, ten years of age, had long been affected with nocturnal incontinence of urine. During the day he had very frequent calls to urine, the bladder being unable to retain only a very small quantity at a time. He was ordered an infusion of quassia and half a grain of extract of nux vomica in four pills during the course of the day. After three weeks' employment of this regimen, the boy could very sensibly retain his urine a great deal better, the calls being much less frequent. A blister was applied upon the sacrum, and a cold aromatic bath was to be employed twice a week. In the course of a fortnight, the nocturnal incontinence had quite ceased, and the patient continued well for six months.

*Closure of the right side of the mouth.*<sup>2</sup>—*Operation.*—M. H., aged 22, was admitted, Oct. 22, 1839, under the care of Mr. Liston. About a year ago she was knocked down in a quarrel, and a man jumped upon her with

<sup>1</sup> Journal des Connoissances Médicales, and London Medico-Chirurgical Review, April, 1840, p. 542.

<sup>2</sup> London Lancet, May 9, 1840, p. 242.

both his feet, causing an extensive wound of the right side of the mouth and upper lip, and a fracture of the jaw. She went to St. Thomas's Hospital; her jaw was put up tight with bandages, and when it was undone the external wound and the right side of the mouth were found united.

23d. Mr. Liston removed a triangular piece of skin, forming the cicatrix, from the right side of the mouth, dissecting it off from the mucous membrane of the mouth; this was then divided to the extent of the external wound, and water-dressing was applied until all oozing of blood had ceased. About five hours after the operation the mucous membrane was united to the edges of the skin by three sutures, and being turned out and longer than the external skin, formed at once a prolabium, and prevented the union of the incision.

23d. The sutures have been removed, and the water-dressing applied.

28th. The wound is healing; the mucous membrane of the mouth, which was turned out, has united to the cut edge of the skin, and prevented the internal part of the wound from being again united; the external part of the incision is slightly suppurating.

The patient has been doing well, and was discharged cured some time since.

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*Dislocation of the Humerus.—Cure of an old dislocation of the humerus by division of the pectoralis major, latissimus dorsi, teres major, and teres minor muscles.—By Professor Dieffenbach.*<sup>1</sup>—Herr T—, a large landowner, upwards of thirty years old, had his right shoulder dislocated two years ago by a fall from his horse; the nature of the accident was not at first recognised, and afterwards, though all the usual means were adopted by several surgeons, the bone could not be returned to its place. The patient, therefore, came to Berlin; he was of a gaunt, powerful form, with a pale complexion and but little fat, and his muscles were strong and prominent under the skin. The injured right shoulder was an inch higher than the left; the acromion formed a sharp angle; on the outer side the shoulder was deeply hollowed, and the scapula lay flat. The right arm was thinner than the left, and stood out far from the body. The head of the humerus lay on the anterior side of the chest, close to the clavicle, and two inches from the upper portion of the sternum. The patient had a constant sensation of cold in the limb, and the creeping which he had formerly felt had ceased. The pulse in the right radial artery was rather weaker than that in the left. The limb was useless, and only the hand could perform some slight actions.

By moving the arm in different directions, severe pain was produced in the part where the head lay, surrounded by a thick wall of dense ligament, into which it had worked itself. In drawing the arm outwards from the body, the pectoralis major, latissimus dorsi, teres major, and teres minor became tense with extreme pain. The last three of these muscles felt hard and tense, even when the arm was not drawn outwards. An attempt to reduce such a dislocation without dividing these muscles and the new joint would have been extremely dangerous, and had been found impossible; but (says the professor) I anticipated success from the subcutaneous division of every thing that resisted me.

The patient being placed on the table, with one folded sheet passed under the right axilla, and held by six assistants, another fastened round the right hand and held by six more, and a third round the upper part of the humerus held by three more (in the manner usually adopted by me in old luxations), the two first sets of assistants were ordered to pull against each other. I next bade them make a slowly-increased extension, and then stop;

<sup>1</sup> *Medicinische Zeitung*, and *Foreign Medical Review*, Dec., 1839, and *Lond. Lancet*, May 9, 1840, p. 250.

I then passed a small scythe-shaped knife through the skin, and divided the most tense portion of the pectoralis major close to its tendon, which yielded with a cracking sound. I then again introduced the knife at the posterior border of the axilla, and divided one after the other the latissimus dorsi, the teres major, and the teres minor. All these muscles gave way with a cracking noise, which was increased by the resonance of the chest. I next passed my knife into three places by the head of the humerus, and divided in a similar manner, under the skin, the dense and hard false ligaments which surrounded the new joint, and, lessening the extension, I loosened the head by a few rotations.

A powerful extension was now again commenced on both sides, and the three assistants behind the patient pulled suddenly, while I conducted the humerus towards the joint into which it slipped on a sudden, without again springing out. One shoulder looked now just like the other. The thorax, the shoulder, and the arm were enveloped with bandages which were soaked with paste, and after a few hours they all became dry and hard, and prevented any motion of the right side.

The bleeding from the wounds, which were not larger than those made in phlebotomy, was at most a few drops. No unpleasant symptoms ensued, and the patient suffered even less than the majority of persons in whom I have reduced old dislocations. On the ninth day I took off the bandage; both shoulders had exactly the same level and form, and there was neither swelling nor pain. The punctures in the axilla had completely healed, and scarcely a trace of them could be found; there was no collection of blood or pus. The arm was already capable of motion, and its actions were far less hindered than they are sometimes after the reduction of a recent dislocation; because in them there is often for a long time a sensitive contraction of the unnaturally stretched muscles, while in this case the division of the resisting muscles and of the newly formed joint not only rendered the reduction possible, but at the same time diminished its after consequences. The limb is now again restored to perfect utility.

*M. Müller's results on diabetic blood, obtained by venesection.*<sup>1</sup>—Twelve ounces of the blood gave

	oz.	dr.	gr.
Chloride of sodium, . . . . .	0	0	24.5
— potassium, . . . . .	0	0	13
Sulphate of potash, . . . . .	0	0	9
Carbonate of potash, . . . . .	0	0	17
— lime, . . . . .	0	0	6.75
— magnesia, . . . . .	0	0	9
Phosphate of magnesia, . . . . .	0	0	10
Carbonate of soda, . . . . .	0	0	11
Phosphate of soda. . . . .	0	0	0.5
— iron, . . . . .	0	0	22.25
Sugar, . . . . .	0	1	5
Albumen, . . . . .	1	3	27
Hæmatosin, . . . . .	1	5	24
Liquid fat, . . . . .	0	0	19
Crystallizable fat, . . . . .	0	0	33
Fibrin, . . . . .	0	0	26
Extractive matter, . . . . .	0	0	22.5
Carbonate of lime, . . . . .	0	0	7.5
Water, . . . . .	8	1	33

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<sup>1</sup> London Lancet, May 9, 1840, p. 253.

*Action for Libel.—Syme v. Lizars.*<sup>1</sup>—Mr. Syme, who, our readers are probably aware, is Professor of Clinical Surgery in the University of Edinburgh, recently brought an action for libel against Mr. Lizars, Professor of Surgery in the College of Surgeons. The following is the article complained of, and is contained in Lizars' System of Surgery, Part II:—

"In every operation about the anus, however unimportant it may seem, the operator cannot be too careful in averting hemorrhage, as many have died from such neglect. This was the fate, indeed, of a respectable apothecary in this city. Nor is it improper, as an additional warning, here to mention another case, which was under the care of our Professor of Clinical Surgery a few years ago. He operated on a gentleman, for a slight fistula in ano; left the part inadequately defended, and dreadful hemorrhage ensued. The professor was sent for, arrived, groped about in the anus with his knife, *searching for a needle in a hay rick*—I mean, for a blood-vessel to be tied. Meantime, the life of the patient was saved by *deliquium animi*; but to this day the wound remains unhealed, and the unfortunate man a miserable, nervous invalid, from the excessive loss of blood."

The damages were laid at £1000.

The defence consisted in denying that the passage was false, calumnious, or injurious; or that it was written with the intent of imputing want of skill to Mr. Syme, or with a wish to hurt his good name and reputation. It was then admitted, on the part of the defendant, that he had been misinformed as to Mr. Syme being the party who "groped about" for the vessel; because, though sent for, he was not to be found.

The Lord Justice Clerk summed up, giving an opinion in favour of the prosecutor; to whom the jury, after retiring for a few minutes, awarded £50 damages.

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*Nerves of the upper extremities.—By James Douglas, Lecturer on Anatomy, Glasgow.*<sup>1</sup>—One of my students this forenoon was dissecting the superior extremity, and asked me to point out to him the nerve of Wirsberg, as it was not, he said, mentioned in his book. On looking at his book, Quain's Anatomy, it is not so much as mentioned; and, in Harrison's Dublin Dissector, the best manual with which I am acquainted, and which I recommend to all my students for their companion at the dissecting table, it is not described; but the name of the nerves of Wirsberg is applied to the two, or sometimes three branches, which come off from the second, third, and fourth intercostal nerves, at the greatest lateral projection of the ribs, and generally lose themselves on the skin which shuts up the base of the axilla. These are more properly called the intercosto-humeral nerves.

The nerve in question is described by Sir C. Bell, in the second vol. of his Anatomy, p. 571—a book which is not in general very minute in its details, though it has many other valuable qualities. It is there called the nerve of Wirsberg. I forget who gave it the designation of the *cutaneous minor*, by which I am accustomed to demonstrate it.

In the subject looked at to-day, it arises from the lower of the three divisions of the brachial plexus—from the same root as the internal cutaneous and ulnar, internal to which last it lies. It runs down along the inner side of the basilic vein beneath the fascia, perforates it about a hand's breadth above the elbow, and divides into two branches, one of which runs in front of the inner condyle, and the other, rather larger, behind it, and both lose themselves in the skin a little below the elbow. In some subjects I have seen its origin very small from the axillary plexus; and then it derived an additional root from some of the intercosto-humeral nerves.

When writing, at any rate, I may add a remark on a set of muscles said

<sup>1</sup> Lond. Med. Gaz., May 8, 1840, p. 281.

<sup>2</sup> Lond. Med. Gaz., May 1, 1840, p. 228.

to have been discovered by some German, and noticed in one of the numbers of the Gazette last winter, under the name of *Rotatores dorsi*. I must confess that, when I read it, I disbelieved their existence, from what I knew of the structure of the dorsal spine, where rotation is impossible, on account of the form of the articulating processes of the vertebræ, and on account of the ribs being superadded. Nothing, however, is too absurd for a German periodical.

If the *multifidus spinæ* be dissected away with care, its deepest fibres will be seen arising from the lower edge of the arch of one vertebra near its spinous process, and passing obliquely down to be inserted into the root of the transverse process of the one below; but these have no more claim to be considered distinct muscles than the outer fibres of the lower fasciculi of the same muscles have, which pass over one, or sometimes two transverse processes, before being inserted.

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*Premature labour artificially induced in a Dwarf.*—By M. Dubois.<sup>1</sup>—The subject of this case is a dwarf, æt. 23, 3 feet 2 in. 9 l. high, whose father was only 3 feet 6 in., but whose mother was of ordinary size. These, her parents, had six children, of whom three were dwarfs. Two years ago, M. Dubois attended her in her first labour; when he was called in she had then had pains for 48 hours; on the previous evening she had had convulsions, and she lay in a kind of stupor in a *cradle*. The labour appeared in an advanced stage, for the child's head could easily be felt in the hollow of the pelvis; but further than this it could not pass, and the forceps could not be applied. The child was evidently dead, and M. Dubois, therefore, perforated the head, and it passed on to the vulva. Here, however, there was a fresh difficulty, for the vulva was narrow in correspondence with the stature of the individual. Happily, it soon enlarged spontaneously by a rupture which passed backwards and on one side towards one of the ischia, and the labour was terminated. The child, without its brain, weight 5½ lbs; its length was 7½ inches. The patient went on satisfactorily after the labour, and soon recovered. The state of stupor in which she was at the time of the accouchement almost prevented her feeling the pains.

Last year, she again became pregnant; but this time, (says M. D.) in conformity with my recommendation, she came to announce it to me early. She had, when she came to me, been pregnant since about last June; and I found by the examination of the pelvis, that its diameters were not proportioned to the presumed dimensions of the fœtal head, for the pubo-coccygeal was not more than three inches.

Admitted to the obstetric clinique, we found on examination, that the uterus was but little developed and the fœtus small. In February, she was in the eighth month of her pregnancy; and the abdomen then enlarged considerably in the space of a few days, so as to cause some fear that the accouchement might be rendered difficult by a superabundance of liquor amnii. Having decided on inducing premature labour, I had to choose between rupture of the membranes, dilatation of the neck of the uterus with prepared sponge, and the administration of the ergot; I decided on the two last. The patient having taken a bath, was placed on the edge of the bed, and a speculum was introduced; a portion of prepared sponge, an inch long, and cut in the form of a cone, was placed in the neck of the uterus, and over it another moist sponge to keep it in its place; they were fixed by a thread, and six grains of ergot of rye were administered. The patient was then put to bed. Four hours after, she felt strong pains, and was in active labour; it appeared indeed to be going on so rapidly, that I withdrew the sponge. At nine in the evening, there was a full protrusion of the membranes, and I ruptured them and found that the buttocks presented. The fingers were

<sup>1</sup> Gazette Médicale, Mars 14, 1840, and Lond. Med. Gaz., May 1, 1840, p. 237.

applied on the haunches to facilitate their exit; the head remained at the superior aperture; drawing downwards a few times, and movements of flexion, brought it into the hollow; and at last it came out entirely. The child breathed immediately; it was 15 inches long; the biparietal diameter was 3 inches; the occipito-frontal 3 inches and 2 lines: it weighed 3 lbs. 12 oz. The size of the child was therefore small: yet it was not a dwarf. The mother nourished it for a few days, but the secretion of milk soon ceased; on the twentieth day the woman was perfectly recovered.

M. Dubois adds some details as a supplement to this history. The father of the child is a man of ordinary stature; he is about 5 feet 7 inches high. The first sexual connections were very painful: but the periods of pregnancy were easy.

Nothing is more rare than the accouchement of dwarfs: for there is but a single authentic fact, which is related in the work of Geoffrey Saint-Hilaire. The woman, who was to have been confined at London, died. It is to be observed, that the child of this woman is not a dwarf: dwarfs are born much smaller. The mother herself was born extremely small; she passed all her infancy on a table seated on a cushion. There is but one exception to this rule, an English dwarf exhibited in 1770; he was born of the usual size, but at the age of one year his growth was suddenly arrested.

I have, of course, no need to justify the measure which I adopted in this case. It cannot be compared with an operation, of which the result would be to sacrifice the mother or the child, or both at once. More than two hundred cases that have now come to my knowledge, prove that the plan I adopted is not so serious a thing as might be imagined; half the infants, and an immense majority of the mothers, have survived it. Still, the cæsarean operation is certainly not in all cases to be superseded by the production of premature labour; each of these operations, as well as the division of the symphysis, and embryotomy, has its own special indications.

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*Successful treatment of a congenital umbilical hernia.*—By Professor Cederschjold, of Stockholm.<sup>1</sup>—The umbilical ring was open in this case, and had probably a diameter at least of an inch, through which the intestines, covered only by peritoneum, protruded, and formed a mass as large as a fist. The umbilical cord came out from the most prominent part of the tumour. The protruded intestines could not by gentle pressure be returned into the abdominal cavity through the ring, and it was by chance discovered that they were full of meconium, which the child had not yet evacuated. A laxative medicine was therefore ordered to be introduced, before the intestines were replaced. Five teaspoonfuls of castor oil were given before the bowels acted; the hernia then became soft; and by placing the child on its back, its reduction was easily accomplished. The sac, consisting of the peritoneum only, being emptied, a ligature was tied close to the umbilicus, which falling off after 14 days, the navel was found completely healed, and just like that of a healthy child.

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*Medical department of Kemper College, St. Louis.*—A new school of medicine has been instituted at St. Louis, which will go into operation in the fall. The following gentlemen constitute the Faculty.

Joseph N. McDowell, M. D., (late Professor of Special and Surgical Anatomy in the Cincinnati College,) Professor of Anatomy and Surgery; J. W. Hall, M. D., (late of Kentucky,) Professor of Theory and Practice of Medicine; Hiram A. Prout, M. D., (late Professor of Chemistry and Botany in Lagrange College, Ala.,) Professor of Materia Medica and Medical

<sup>1</sup> Schmidt's Jahrbucher, and Lond. Med. Gaz., May 1, 1840, p. 238.

Botany; John S. Moore, M. D., (late of Tennessee,) Professor of the Institutes of Medicine and Obstetrics; John De Wolf, M. D., (late Professor of Berkshire Medical School,) Professor of Chemistry and Pharmacy.

By order of the Board,

GEO. A. UNDERHILL, *Secretary.*

*Magendie on the physical phenomena of life.*—A translation of this interesting work is in course of preparation for the "Library," by Dr. Benjamin Dennis, of Cincinnati.

*Simulation of disease.*<sup>1</sup>—Some diseases or disabilities, such as deafness stammering, are much more easily feigned than others, and, consequently, the imposture is more difficult to detect. In all diseases of which the symptoms are obscure, periodic, or intermitting and uncertain, much care should be taken not to come to a wrong conclusion. "Melancholy instances," says Mr. Malcolmson, "have come to my knowledge where men have died in making exertion above their strength, after having been looked on as malingerers." Some diseases are not indicated by a change of the pulse, or by any remarkable alteration of the body, or evident derangement of its functions; and it ought to be recollected, that patients suffering under real disease are apt sometimes to exaggerate their lesions. A malingerer is constantly prone to overact his part; but the inventing of symptoms is a much more difficult operation than frankly to state the feelings. Two soldiers were transferred to the hospital in Dublin, to be discharged, in consequence of alleged incurable disabilities. The designation of a disease was affixed to each name; but the appearance of the men indicated little, if any, derangement of the body. The medical officer made them stand up together, and requested one of them to describe his complaint, which he did very minutely. By his account, it appeared that he suffered under disease from the head to the foot. The other man was then asked, "what is the matter with you?"—"The same as this man," was his reply. He was evidently not prepared with a set of symptoms, and, without perceiving the trap, instinctively availed himself of the ingenuity of his fellow impostor. They were sent back to the corps; "but I have no doubt," says Mr. Marshall, relating to the anecdote, "that each of them succeeded eventually in working out a discharge."

#### BOOKS RECEIVED.

*From the Author.*—Medical and Physiological Commentaries, by Martyn Paine, M. D., A. M. 2 vols. 8vo. pp. 716, 814. New York, 1840. (See Bibliographical Notices.)

*From the Publishers.*—Treatise on the Physiological and Moral Management of Infancy. By Andrew Combe, M. D., Fellow of the Royal College of Physicians of Edinburgh, Physician extraordinary in Scotland to the Queen, and Consulting Physician to the King and Queen of the Belgians. With notes and a supplementary chapter. By John Bell, M. D., Lecturer on the Institutes of Medicine and Medical Jurisprudence, Fellow of the College of Physicians of Philadelphia, and Member of the American Philosophical Society, &c. 12mo. pp. 307. Philadelphia, 1840.

*From the Author.*—Psychology; or a view of the Human Soul; including Anthropology, being the substance of a course of lectures delivered to the junior class, Marshall College, Pennsylvania. By Frederick A. Rauch. 8vo. pp. 388. New York, 1840.

<sup>1</sup> London Lancet, March 7, 1840, p. 902.